

| Pg 30 of 21 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Amendment from the committee for operating expenses, contributions to candidate/political committees or coordinated party expenditures <small>(Please use separate CRO-1310 forms for each type of Disbursement.)</small> | | | | | | |
|--|----------------|----------------------|-------------------------------------|----------|--|--|
| Campaign Committee <small>Please use separate CRO-1310 forms for each type of Disbursement.)</small> | | | | | | |
| 1. ID Number 7 DEOET | | | | | | |
| 2. Add <input type="checkbox"/> Remove b. Coordinated Committee Name <input type="checkbox"/> Coordinated Party Expenditures c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date \$ f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | | | | |
| 01 | CHECK | E | 4-22-10 | \$800.00 | | |
| 01 | CHECK | E | 4-30-10 | \$200.00 | | |
| 4. Payee Information a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | | | |
| Cecilia Dell 53 pompic Road Dublin NC. 28332 910-874-3648 | | | | | | |
| b. Add <input type="checkbox"/> Remove b. Coordinated Committee Name <input type="checkbox"/> d. Comments c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: e. Election Sum to Date \$ f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | | | | |
| 01 | check | E | 4-22-10 | \$100.00 | | |
| 01 | check | E | 5-5-10 | \$100.00 | | |
| 4. Payee Information a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | | | |
| MCCNAe Dowless 212 Britt Street Bladenboro NC 28320 910-633-2011 | | | | | | |
| b. Add <input type="checkbox"/> Remove b. Coordinated Committee Name <input type="checkbox"/> d. Comments c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: e. Election Sum to Date \$ f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | | | | |
| 01 | check | E | 4-22-10 | \$300.00 | | |
| 01 | check | E | 5-24-10 | \$100.00 | | |
| 5. Total only this Page \$ 1000.00 | | | | | | |
| 6. Total of ALL CRO-1310 Pages <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | | |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |
| NC State Board of Elections | | | | | | |
| December 2009 | | | | | | |
| CRO-1310 | | | | | | |